

Get an overview of the online moving process with pro tips from experienced customers and counselors.

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Need more? Visit or call your [local transportation office](#).

TUTORIAL

Customer Satisfaction Survey



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Defense Personal Property System

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DPS Landing Page

Welcome to DPS

[Start a New Move](#) [Shipment Management](#) [Customer Satisfaction Survey](#) [Claim History](#)

Current Move

17 Oct 2019: YOKOSUKA to SCOTT AFB
Order Number N4619620C500002
Order Type Permanent Change of Station

Shipment Status 1-HHG: Canceled

Desired Pickup Date 06 Nov 2019	Origin 2-34-11 SHONAN TAKATORI YOKOSUKA, JAPAN	Destination	Edit My Order/Shipment Info
Actual Pickup Date	Move Type 1-HHG: Household Goods	Estimated Shipment Weight 5500 lbs	Print DD1757 Counseling Checklist
Assigned Counselor	Total Pro-Gear Weight 0 lbs - Service Member 0 lbs - Spouse		Print DD1299 Shipment Application
Moving Company			File a Claim
			Complete Survey


[Add another shipment](#)

INSTRUCTIONS

In DPS, you can write an evaluation of your moving company or Transportation Service Provider (TSP) after each shipment.

In the Welcome to DPS page, click on "Customer Satisfaction Survey" or "Complete Survey".

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My Shipments
Survey

GBL	Delivery Date	Pickup Address	Destination Addr	Complete Shipment Status	Type of Shipment	Survey Status	Survey Id	
CHAT0051135	11/29/2016	03/01/2017	FORT STEWAR...	Unknown, JAPAN	Delivered	Delivered	#HKG	Not Started
JHW20589937	11/09/2019	02/07/2020	POULDC, GA 31...	BOSTON, KY 4...	Delivered	Delivered	#HKG	Complete
FAAM0012121	04/15/2015	04/23/2015	BOSTON, KY 4...	FORT STEWAR...	Delivered	Delivered	#HKG	Complete
QENQ0271956	11/06/2019	04/03/2020	Unknown, JAPAN	BOSTON, KY 4...	Delivered	Delivered	#HKG	Complete
QENQ0271965	11/05/2019	12/09/2019	Unknown, JAPAN	SCOTT AFB, IL...	Delivered	Delivered	#HKG	Complete

INSTRUCTIONS

Next, highlight the correct shipment and GBL, then click on “Survey” button.

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DPS

OK

Confirm Shipment Information
1 of 1

Personal Property Shipment Survey
Confirm Shipment Information

Last Name:
Email Address:
Carrier Name:
GBL:
Origin Pickup Point:
Destination Delivery Point:
Pickup Date:
Delivery Date:
Type of Shipment:
Please choose the selection that most accurately describes the shipment information:
This is
My Completed Shipment
My Uncompleted Shipment
Not My Shipment

INSTRUCTIONS

Next, ensure you confirm the correct shipment by selecting “My Completed Shipment” using the drop down arrow, then click on “OK” button.

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DPS

DPS Customer Satisfaction Survey

Survey title: 1-1995218 Date: 8/19/2018 10:17:29 AM DBL ID: 047855128

Transportation Service Provider: ALL SERVICE RELIANCE SCAC: 0000 Customer Name: [REDACTED]

Section I : The Transportation Service Provider (i.e., the movers)

*1 : Evaluate services provided at origin such as the quality of packing, labeling and organizing.
Answer: [Excellent (10 Points)]

*2 : Evaluate origin services such the care, courtesy and attitude of the loading crew.
Answer: [Excellent (10 Points)]

*3 : How satisfied were you with the timeliness of the pickup of your personal property by the Transportation Provider (mover)?
Answer: [Excellent (10 Points)]

*4 : Evaluate services provided at destination such as the care, courtesy, attitude of the crew, unloading, and unpacking.
Answer: [Excellent (10 Points)]

*5 : How satisfied were you with the timeliness of the delivery of your personal property by the Transportation Provider (mover)?
Answer: [Excellent (10 Points)]

*6 : How would you rate your overall satisfaction with the moving company's timeliness, courtesy, professionalism, and responsiveness in all phases of your move from first contact through delivery, to include any follow up?
Answer: [Excellent (10 Points)]

Section II : Quality of Life

*7 : Did your command allow you enough time at origin and destination to schedule and coordinate your move?
Answer: [Y]

*8 : Do you plan to file a claim for loss or damage?
(Your answer to this question will not affect your ability to file a claim later against your shipment).
Answer: [N]

Do you authorize the Transportation Service Provider, i.e., the mover, to contact you regarding your survey?
Answer: [Y]

Do you authorize the Personal Property Office to contact you regarding the survey?
Answer: [Y]

[Calculate Scores](#) [Cancel](#)

INSTRUCTIONS

Here, in Section I, rate everything your moving company's timeliness to professionalism in packing, pickup, and delivery. In Section II, you can choose to allow your moving company/TSP, or Personal Property Office to contact you about your responses. After you have answered all questions, click on "Calculate Scores" button.

*6 : How would you rate your overall satisfaction with the moving company's timeliness, courtesy, professionalism, and responsiveness in all phases of your move from first contact through delivery, to include any follow up?
Answer: [Excellent (10 Points)]

Section II : Quality of Life

*7 : Did your command allow you enough time at origin and destination to schedule and coordinate your move?
Answer: [Y]

*8 : Do you plan to file a claim for loss or damage?
(Your answer to this question will not affect your ability to file a claim later against your shipment).
Answer: [N]

Do you authorize the Transportation Service Provider, i.e., the mover, to contact you regarding your survey?
Answer: [Y]

Do you authorize the Personal Property Office to contact you regarding the survey?
Answer: [Y]

[Calculate Scores](#) [Cancel](#)

Feedback

Thank you for taking time to provide feedback. Please enter a message for the recipient(s) you selected.

Option 1 : I authorize the recipient (Transportation Service Provider and/or Survey Administrator)

Option 2 : I do not authorize the recipient (Transportation Service Provider and/or Survey Administrator) to contact me regarding these comments; however, please provide my shipment information and comments

Accept & Reject

Confirm Your Survey Scores
On a scale of 0 - 100 points, you rated

Origin PPSO Score	[100]	out of 100
TSP Score -	[100]	out of 100
Destination PPSO Score	[100]	out of 100

If these are the point values you wish to assign, click **SUBMIT**
If you want to change your rating, click **RETURN TO SURVEY**

Please note that once you submit these scores, the survey results can not be changed


[Submit](#) [Return to Survey](#)

INSTRUCTIONS

Here, click on “Submit” button to confirm the TSP score.

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DPS

Thank you for completing this survey regarding the shipment of your personal property.

If you wish to provide additional feedback to the Origin PPSO, Transportation Service Provider, Destination PPSO and/or the Survey Administrator, please scroll down to the Feedback section

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DPS Customer Satisfaction Survey

Survey Id: Date: GBL #:

Transportation Service Provider: SCAC: Customer Name:

Section I : The Transportation Service Provider (i.e., the movers)

*1: Evaluate services provided at origin such as the quality of packing, labeling and organizing:
Answer:

*2: Evaluate origin services such as the care, courtesy and attitude of the loading crew:
Answer:

*3: How satisfied were you with the timeliness of the pickup of your personal property by the Transportation Provider (move)?
Answer:

*4: Evaluate services provided at destination such as the care, courtesy, attitude of the crew, unloading, and unpacking:
Answer:

*5: How satisfied were you with the timeliness of the delivery of your personal property by the Transportation Provider (move)?
Answer:

INSTRUCTIONS

Congratulations! You have successfully completed the survey.



Maintained by
USTRANSCOM

United States Transportation Command

Technical Help Desk

For help using Move.mil or Electronic Transportation Acquisition.

Phone

Toll-Free: [\(800\) 462-2176](tel:8004622176)

Commercial: [\(618\) 589-9445](tel:6185899445)

Email

usarmy.scott.sddc.mbx.g6-SRC-DPS-HD@mail.mil

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